

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(d))—NONPROFIT ORGANIZATIONDocket Number (Optional)
SHP-PT058

Applicant, Patentee, or Identifier: Braud et al.

Application or Patent No.: 09/555,555

Filed or Issued: Not Yet Known

Title: HLA-E BINDING

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below.

NAME OF NONPROFIT ORGANIZATION: Isis Innovation Limited of Oxford University

ADDRESS OF NONPROFIT ORGANIZATION: Ewert House, Ewert Place, Summertown, Oxford OX2 7BZ
United Kingdom

TYPE OF NONPROFIT ORGANIZATION:

UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION

TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))

NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))
IF LOCATED IN THE UNITED STATES OF AMERICA

WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

the specification filed herewith with title as listed above.

the application identified above.

the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.

each such person, concern, or organization is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING _____

Dr. T. Cook

Managing Director

TITLE IN ORGANIZATION OF PERSON SIGNING _____

ISIS Innovation Ltd

ADDRESS OF PERSON SIGNING: Ewert House, Ewert Place, Summertown, Oxford

SIGNATURE: T Cook

DATE: 22-7-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|---------------|
| Attorney Docket Number | SHP-PT059 |
| First Named Inventor | Braud et al. |
| COMPLETE IF KNOWN | |
| Application Number | Not Yet Known |
| Filing Date | Not Yet Known |
| Group Art Unit | Not Yet Known |
| Examiner Name | Not Yet Known |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HLA-E BINDING

the specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number

(Title of the Invention)

and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------------|----------------------------------|--|---|--|
| 9725764.6 | Great Britain | 12/04/1997 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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(Title of the Invention)

12/04/1998

as United States Application Number or PCT International

Application Number

PCT/GB98/03686

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U.S. Parent Application or PCT Parent Number

PCT/GB98/03686

Parent Filing Date (MM/DD/YYYY)

12/04/1998

Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

| Name | Registration Number | Name | Registration Number |
|-------------------------|---------------------|---------------------|---------------------|
| Alfred Stapler | 16,675 | Glenn M. Massina | 40,081 |
| Anthony S. Volpe | 28,377 | Jeffrey M. Glabicki | 42,584 |
| C. Frederick Koenig III | 29,662 | Kao H. Lu | 43,761 |
| Randolph J. Huis | 34,626 | | |
| Gerald B. Halt, Jr. | 37,633 | | |

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number OR Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|-----|--------------------|
| Name | C. Frederick Koenig III, Esquire Volpe and Koenig, P.C. | | | | |
| Address | Suite 400, One Penn Center | | | | |
| Address | 1617 John F. Kennedy Blvd. | | | | |
| City | Philadelphia | State | PA | ZIP | 19103 |
| Country | U.S.A. | Telephone | (215) 568-6400 | | Fax (215) 568-6499 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle if any)

Veronique M.

Family Name or Surname

Braud

| | | | | | | |
|----------------------|--|-------|--|---------|---------|-------------|
| Inventor's Signature | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship |
| Post Office Address | | | | | | French |
| Post Office Address | | | | | | |
| City | | State | | ZIP | Country | |

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| PCT/GB98/03686 | 12/04/1998 | |

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Volpe and Koenig, P.C.
Address: Suite 400, One Penn Center,
Address: 1617 John F. Kennedy Blvd.
City: Philadelphia
Country: U.S.A. Telephone: (215) 568-6400 State: PA ZIP: 19103
Fax: (215) 568-6499

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| | | | | |
|--|--|---|--------------------|---------------------|
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Veronique M. | | Braud | | |
| Inventor's Signature | <i>(Braud)</i> | | | Date: 3/08/00 |
| Residence: City | <i>Shrivenham</i> | State: <i>GB</i> | Country: <i>UK</i> | Citizenship: French |
| Home Post Office Address | 32 Hazells Lane Shrivenham SN6 8DS | | | |
| Work Post Office Address | Institute of Molecular Medicine John Radcliffe Hospital Headington. | | | |
| City | <i>Oxford</i> | State | ZIP | Country: <i>UK</i> |

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Andrew J.

Family Name or Surname

McMichael

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

British

Post Office Address

Post Office Address

City

State

ZIP

Country

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Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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| Attorney Docket Number | SHP-PT059 |
| First Named Inventor | Braud et al. |
| COMPLETE IF KNOWN | |
| Application Number | Not Yet Known |
| Filing Date | Not Yet Known |
| Group Art Unit | Not Yet Known |
| Examiner Name | Not Yet Known |

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Application Number **PCT/GB98/03686**

and was amended on (MM/DD/YYYY) **06/01/2000** (if applicable).

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| 9725764.6 | Great Britain | 12/04/1997 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
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U.S. Parent Application or PCT Parent Number

PCT/GB98/03686

Parent Filing Date (MM/DD/YYYY)

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| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Country | Citizenship |
| Post Office Address | | | | | |
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| City | State | ZIP | | Country | |

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
|-------------------------------------|---------------|----------------------------------|--|--|
| | | | <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9725764.6 | Great Britain | 12/04/1997 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | | | |
| | | | | |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| | | |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| PCT/GB98/03686 | 12/04/1998 | |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

| Name | Registration Number | Name | Registration Number |
|-------------------------|---------------------|---------------------|---------------------|
| Alfred Stapler | 16,675 | Glenn M. Massina | 40,081 |
| Anthony S. Volpe | 28,377 | Jeffrey M. Glabicki | 42,584 |
| C. Frederick Koenig III | 29,662 | Kao H. Lu | 43,761 |
| Randolph J. Huis | 34,626 | | |
| Gerald B. Halt, Jr. | 37,633 | | |

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label **OR** Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|-----|--------------------|
| Name | C. Frederick Koenig III, Esquire Volpe and Koenig, P.C. | | | | |
| Address | Suite 400, One Penn Center | | | | |
| Address | 1617 John F. Kennedy Blvd. | | | | |
| City | Philadelphia | State | PA | ZIP | 19103 |
| Country | U.S.A. | Telephone | (215) 568-6400 | | Fax (215) 568-6499 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | | | |
|--------------------------------------|---|-------|------------------------|---------|--|-------------|--------|
| Name of Sole or First Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle if any) | | | Family Name or Surname | | | | |
| Veronique M. | | | Braud | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | French |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **+**

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

| | | | | | | | |
|--|--|---|--|------------------------|--|-------------|---------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Andrew J. | | | | McMichael | | | |
| Inventor's Signature | | | | | | | Date |
| Residence: City | | State | | Country | | Citizenship | British |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | | Date |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
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| | | | | | | | |
| Inventor's Signature | | | | | | | Date |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

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Please type a plus sign (+) inside this box → **[+]**

PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|---------------|
| Attorney Docket Number | SHP-PT059 |
| First Named Inventor | Braud et al. |
| COMPLETE IF KNOWN | |
| Application Number | Not Yet Known |
| Filing Date | Not Yet Known |
| Group Art Unit | Not Yet Known |
| Examiner Name | Not Yet Known |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HLA-E BINDING

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **12/04/1998** as United States Application Number or PCT International

Application Number **PCT/GB98/03686** and was amended on (MM/DD/YYYY) **06/01/2000** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
|-------------------------------------|---------------|----------------------------------|--|---|
| | | | YES | NO |
| 9725764.6 | Great Britain | 12/04/1997 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |

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[Page 1 of 2]

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Please type a plus sign (+) inside this box →

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| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
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| PCT/GB98/03686 | 12/04/1998 | |

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Customer Number → Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

| Name | Registration Number | Name | Registration Number |
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| C. Frederick Koenig III | 29,662 | Kao H. Lu | 43,761 |
| Randolph J. Huis | 34,626 | | |
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| | | | | | |
|---------|--|-----------|----------------|-----|--------------------|
| Name | C. Frederick Koenig III, Esquire Volpe and Koenig, P.C. | | | | |
| Address | Suite 400, One Penn Center | | | | |
| Address | 1617 John F. Kennedy Blvd. | | | | |
| City | Philadelphia | State | PA | ZIP | 19103 |
| Country | U.S.A. | Telephone | (215) 568-6400 | | Fax (215) 568-6499 |

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| | | | | | | | |
|--------------------------------------|---|---------|--|---------|-------------|--------|--|
| Name of Sole or First Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle if any) | Family Name or Surname | | | | | | |
| Veronique M. | Braud | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | State | Country | | | Citizenship | French | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | State | ZIP | | Country | | | |

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **+**

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

| | | | | | | | |
|--|--|---|------------------------|---------|--|-------------|---------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| David S.J. | | | Allan | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | Canada |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Graham S. | | | Ogg | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | British |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Christopher A. | | | O'Callaghan | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | British |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

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Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

David S.J.

Allan

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Canada

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Graham S.

Ogg

Inventor's Signature

Date

Residence: City

Oxford

State

oxon

Country

UK

Citizenship

British

Post Office Address

19 S + CHRISTOPHER'S PLACE

Post Office Address

GBX

City

Oxford

State

oxon

ZIP

ox4 2hs

Country

UK

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Christopher A.

O'Callaghan

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

British

Post Office Address

Post Office Address

City

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|--------------------------|---------------|
| Attorney Docket Number | SHP-PT059 |
| First Named Inventor | Braud et al. |
| COMPLETE IF KNOWN | |
| Application Number | Not Yet Known |
| Filing Date | Not Yet Known |
| Group Art Unit | Not Yet Known |
| Examiner Name | Not Yet Known |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HLA-E BINDING

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) **12/04/1998** as United States Application Number or PCT International

Application Number **PCT/GB98/03686** and was amended on (MM/DD/YYYY) **06/01/2000** (if applicable).

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
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| 9725764.6 | Great Britain | 12/04/1997 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |

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[Page 1 of 2]

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

| | | | | | | | |
|---|--|---|------------------------|---------|--|-------------|---------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| David S.J. | | | Allan | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | Canada |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Graham S. | | | Ogg | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | British |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Christopher A. | | | O'Callaghan | | | | |
| Inventor's Signature | | | | | | Date | |
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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

David S.J.

Family Name or Surname

Allan

Inventor's Signature

D. Clee

Date

Aug. 20/2000

Residence: City

Oxford

State

Country

UK

Citizenship

Canada

Post Office Address

Trinity College

Post Office Address

City

Oxford

State

ZIP

OX1 3BH

Country

UK

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Graham S.

Ogg

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

British

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Christopher A.

O'Callaghan

Inventor's Signature

Date

Residence: City

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| Graham S. | | | Ogg | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | British |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Christopher A. | | | O'Callaghan | | | | |
| Inventor's Signature | | | | | | Date | 3 rd August 2000 |
| Residence: City | Pasadena | State | CA | Country | USA | Citizenship | British |
| Post Office Address | 211, South Wilson Avenue #309 | | | | | | |
| Post Office Address | | | | | | | |
| City | Pasadena | State | CA | ZIP | 91106 | Country | USA |

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 2

| | | | | | | | |
|--|--|---|------------------------|---------|--|-------------|---------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Andrew J. | | | McMichael | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | British |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
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| City | | State | | ZIP | | Country | |

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Please type a plus sign (+) inside this box → **+**

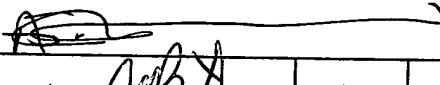
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

| | | | | | | |
|--|---|---|--|--|-------------------------------|------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) <u>Andrew J.</u> | | Family Name or Surname <u>McMichael</u> | | | | |
| Inventor's Signature |  | | | | | Date |
| Residence: City <u>Beckley</u> | State <u>Oxford</u> | Country <u>UK</u> | | | Citizenship <u>British</u> | |
| Post Office Address <u>Midsummer Cottage, Church Street, Beckley, Oxford, OX3 9UT, UK</u> | | | | | | |
| Post Office Address | | | | | | |
| City | State | ZIP | | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
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| Inventor's Signature | | | | | | Date |
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